

Klingensmith, (I. P.)
WITH THE AUTHOR'S COMPLIMENTS.

HAY ASTHMA.

BY

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STATE OF PENNSYLVANIA, EX-PRESIDENT WESTMORELAND (PA.,)
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(PA.,) COUNTY MEDICAL SOCIETY, ETC.

*Read Sept. 5th, 1887, before the Laryngological Section of the Ninth Interna-
tional Medical Congress, Washington, D. C.*



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HAY ASTHMA.

At no time in the world's history, since the day Dr. John Bostock, in 1819, presented the first formal paper on this subject to the London Medico-Chirurgical Society have more eager scientific workers been in the field in the pursuit of knowledge and its practical application to disease. In no subject can you find a better proof of this fact, than in the disease now under consideration. I will not occupy your valuable time by giving a detailed history of the symptoms, course and duration of the disease, but will confine myself by submitting to your consideration, the results of my investigations so far as they bear broadly and directly upon the method of treatment I propose to advocate. In very few diseases do we find such a diversity of opinion in regard to the cause as in Hay Fever. Bostock attributed it to heat, while his contemporaries differed on this point. Since that period many theories have been advanced, but considerable diversity of opinion exists even at the present time. Until within the last five or six years inquiry has been directed to the investigation of the exciting causes of the attack and the predisposing or more important cause of the disease has been overlooked. Most of the literature upon the subject of Hay Fever, Hay Asthma, Autumnal

Catarrh, or by whatever name it may be designated, is devoted to the extraneous or exciting causes of the malady in question and numerous remedies which serve simply to divert the mind of the sufferer, without resulting in any practical benefit are suggested. Each patient coming under our observation, should be subjected to a thorough rhinoscopic examination, allowing all fine spun theories and extrinsic causes to take care of themselves. To Dr. W. H. Daly, of Pittsburg, Pa., belongs the honor of first calling the attention of the profession to the important part which diseases of the naso-pharyngeal cavities play in the production of Hay Fever. He, in a paper read before the American Laryngological Association in 1881, showed that the exciting causes of the disease are innocuous in those cases in which disease of the naso-pharyngeal cavities does not exist and proved further, from clinical evidence that the disease is a curable one, by removing the intrinsic local cause and restoring the parts to a normal condition.

The succeeding year Dr. John O. Roe, of Rochester, N. Y., read a paper before the Medical Society of the State of New York, practically corroborating the investigations of Dr. Daly.

In 1883, Dr. Hack, of Freiburg, Germany, a special laborer in this field, made known the result of his investigations; also holding the view that pathological conditions of the nasal mucous membrane play the most important part in the production of the disease.

The investigations of other observers substantially affirm the same theory. In reference to my own personal experience, I will simply say that of the thirteen cases that have come under my personal observation, in each

one of them has disease of the nose or naso-pharynx existed.

The numerous exciting or extrinsic causes which have been supposed to bring on attacks of Hay Fever would occupy several pages, and I will therefore simply refer to a few of the more prominent. In those cases where local irritability or any deviation from the normal condition of the nasal cavities exists, an attack may be brought on by almost any exciting agent, an odor, or vapor, dust, light, or heat, the pollen of flowers or grasses.

In some cases I have known the attack to date from a severe cold. In support of the view that almost any agent may produce a paroxysm, I will mention the case of a patient who is so susceptible to the influence of Ipecac and Dover's Powder, as to be able to produce an attack at any time by their inhalation. More recently the case of a young man, a miller by profession, has come under my observation, in whom the paroxysms are produced by the inhalation of small particles of flour while following his occupation.

During the past few years great advances have been made in bringing the treatment of Hay Fever within the radius of a more scientific stand-point based upon a nearer approach to a rational pathology of the disease. Based upon my own investigations, as already stated, I am compelled to adopt the view that in each case of Hay Fever does a condition of the nasal or naso-pharyngeal cavities exist varying from the normal. When we view these facts and theories with a view of carrying out a rational plan of treatment, we should in every case make a thorough anterior and posterior rhinoscopic examination.

In a great majority of cases a chronic nasal catarrh

exists, with sensitive areas not confined to any *particular* portion of the mucous membrane. In other cases I find a true hypertrophic condition, either anterior or posterior or both. Polypi or deflections of the nasal septum may also act as a prominent factor in the propagation of the disease.

Fully believing that Hay Fever is due to local irritatives brought in contact with a diseased condition of the nasal mucous membrane, I am therefore compelled to call attention to the local or radical treatment as the chief mode of relieving or curing the disease. This plan in the hands of Daly, Roe and others, besides myself, has been followed by the most lasting and signal success.

When nasal polypi exist I remove them by means of Allen's nasal polypus forceps, or Jarvis snare, always making sure to thoroughly cauterize the base with the Galvano-cautery or Glacial acetic acid. If large hypertrophies, either anterior or posterior, are found they should be removed by means of the Jarvis snare. Smaller hypertrophies and sensitive areas, I destroy by using the Galvano-cautery, chromic acid or Glacial acetic acid, giving preference in the order named. All surgeons have favorite instruments and appliances, giving preference to some, while discarding others.

The battery in use by me now for several years was devised by Dr. Seiler, of Philadelphia, and fulfills every indication required by the operator. The current can be controlled by the foot of the operator, thus giving him the use of both hands, and the temperature of the knife can be regulated to any degree of intensity. In using the Galvano-cautery, I introduce an Allen's hard rubber nasal speculum, through which the electrode is placed on

the spot to be cauterized. After which it is brought to a cherry red heat; great care must be taken to have the electrode at the proper temperature when applied to the tissue about to be destroyed, as when too hot, free hemorrhage may result and when too cold, great pain will be produced. As a certain amount of inflammation is necessarily produced, not too large an incision should be made at any one sitting. My preference is given to the Galvano-cautery since it can be brought more fully under the control of the operator than chromic acid and is less painful than Glacial acetic acid. The pain produced as a rule is but momentary, except occasionally in persons of a highly nervous organization, when I apply a four per cent. solution of Hydrochlorate of cocaine, either by means of the atomizer or an aluminum probe enveloped in cotton. The operation should be repeated about once a week or as often as admissible, being governed by the degree of inflammation produced, until all hypertrophies and sensitive spots are destroyed. During the intervals of the operations the patient is directed to use as an insufflation, Dobell's or some other alkaline solution.

In the application of Chromic or Acetic acid, I use the Bosworth's applicator. The treatment should be commenced about two months before the accession of the attack, and the nasal cavities should be restored to as nearly a normal condition as possible, relieving them of all hypertrophic conditions and sensitive areas. While I am of the opinion that treatment should be commenced several weeks prior to the expected attack, yet in no case do I desist from operating even when the disease is at its height. In several such cases have I known the intensity and duration of the paroxysms to be shortened.

Of the thirteen cases upon which my observations are based, nine have been practically cured, and four in whom the treatment could not be carried out perfectly, were greatly benefitted.

In conclusion, permit me to say that I have tried to outline, in as brief a manner as possible, the essential points of this method of treatment, but as will be observed much pertaining to the minor details has been necessarily omitted which is essential to a proper understanding of the subject.

